

**UTAH TELEPHONE ASSISTANCE PROGRAM (UTAP)  
LIFELINE/LINK-UP –APPLICATION (Landline Only)**



**APPLICANT NAME (Please Print):** \_\_\_\_\_ **Date** \_\_\_\_\_  
Last First MI

**ADDRESS:** \_\_\_\_\_ **APT. #** \_\_\_\_\_ **CITY** \_\_\_\_\_ **UT** **ZIP:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_\_) \_\_\_\_\_ **TELEPHONE COMPANY:** \_\_\_\_\_  
Area Code Telephone Number

**Is the telephone service under the applicant's name?** ☐ Yes ☐ NO If no, whose name is it under? \_\_\_\_\_

**If you do not currently have telephone service, you may be also eligible for LINK-UP which can give you discounts in connection and/or reconnection fees. Do you want to apply for LINK-UP?** Yes ☐ No ☐ If yes, please leave a name and a telephone number where you can be reached or where a message can be retrieved so we can notify you if you are eligible. You must then order telephone service and then notify us of your new telephone number so that the discount can be applied.

Area Code Telephone Name of Contact Person (Print) E-mail (not required)

**INSTRUCTIONS:** The applicant for service must be the head of the household or person in whose name the property or rental agreement resides. A household member must be someone living at the property. Fill in all answers in the questionnaire below.

**NOTE:** If a household member is participating in any program listed in Part A, you do NOT need to fill out Part B; however, verifications may be required. After completing the application and attaching needed verifications, mail to:

Utah Dept. of Community & Culture/UTAP Program/324 South State Street, Ste. 500/Salt Lake City, UT 84111.

**PART A**

Please check one of the boxes below if you or someone in your household receives one of the programs listed below. If you checked at least one item below, you do not need to complete Part B. If no household member is participating in one of the programs listed below, you must complete Part B.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Home Energy Assistance (HEAT/HELP)            | <input type="checkbox"/> Refugee Assistance                               | <input type="checkbox"/> General Assistance                              |
| <input type="checkbox"/> Work Toward Employment                        | <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Food Stamps                                     |
| <input type="checkbox"/> Supplemental Security Income (SSI)            | <input type="checkbox"/> National Free School Lunch Program (not reduced) | <input type="checkbox"/> Public Housing Assistance                       |
| <input type="checkbox"/> TANF (Temporary Assistance to Needy Families) |   | <input type="checkbox"/> Head Start (income qualification standard only) |

PRINT THE NAME & SOCIAL SECURITY NUMBER OF PERSON PARTICIPATING ONE OF THE ABOVE PROGRAMS

Name (please print) Social Security Number

**OR**

*\*Social Security information will be kept strictly confidential, but application cannot be processed without it.*

**PART B**

How many people live in your household? \_\_\_\_\_ List the monthly or annual income of all members of your household: (See the reverse side of this application for the income eligibility chart and a list of acceptable verification of income documentation.) The required income documentation **must be submitted** with this application.

Source or Income	Name(s)	*Social Security Number	Monthly\$	OR	Yearly\$
Wages (before taxes)					
Wages (additional wage earners)					
Social Security (SSA, SSD or SSI)					
Unemployment/Worker's Comp					
Veterans Benefits					
Pension/Retirement					
Child Support/Alimony					
Other (please explain)					
Attach additional information if needed.	TOTAL All Household Amounts		\$		\$

**DECLARATION:** I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Telephone Assistance (Lifeline and/or Link-Up) on my primary residential telephone line. I am responsible to notify UTAP if I am no longer eligible and I understand that I may have to repay the difference between the discounted and regular price.

NAME (please print)

Applicant Signature

**Instructions for Part B:** First look at the bottom chart to see if your telephone service provider (or the one you will need) is one that participates in UTAP. Second, for those checking Part B, review the income chart below to determine if your household's total income is at or below the 135% poverty level for the number of people living in your household. If you qualify, then look at the adjacent table to find the types of documentation you will need to attach to this application. If you have special circumstances that are not listed, feel free to write an explanation, or call if you have questions. After you gather all the documents you need, make copies (you will not get copies back), complete and sign the application on the front side, apply appropriate postage, and mail the application along with all documents to: **Utah Dept. of Community & Culture (DCC)/UTAP; 324 South State Street, Ste. 500; Salt Lake City, UT 84111. Telephone: 801-538-8793 or Toll-Free 1-800-948-7540; Fax: 801-538-8615.**

[http://community.utah.gov/housing\\_and\\_community\\_development/SEAL/UTAP/index.html](http://community.utah.gov/housing_and_community_development/SEAL/UTAP/index.html)

For applicants checking Part B: 2005-06 Federal Poverty Guidelines (135% of Poverty Level)							Acceptable types of income documentation include:
House hold Size	Monthly Income	Yearly Income		House hold Size	Monthly Income	Yearly Income	<ul style="list-style-type: none"><li>• Divorce Decree showing alimony or child support assignment</li><li>• Office of Recovery Services child support statement</li><li>• Pay check stubs for three consecutive months or current year-to-date earnings statement from an employer</li><li>• Retirement/Pension benefit statement</li><li>• Social Security benefit statement (award letter, automatic bank deposit, 1099 Form)</li><li>• Tax returns: Prior year’s state, federal or tribal</li><li>• Unemployment/Worker’s Compensation benefit statement</li><li>• Veterans Administration benefit statement</li></ul>
1	\$1,077	\$12,924		6	\$2,911	\$34,932	
2	\$1,443	\$17,316		7	\$3,278	\$39,336	
3	\$1,810	\$21,720		8	\$3,644	\$43,728	
4	\$2,177	\$26,124		9	\$4,011	\$48,132	
5	\$2,543	\$30,516		10	\$4,378	\$52,536	
Add \$366 a month for each additional household member.							

Utah Telephone Companies Participating in UTAP			
All West Communications	435-783-4361	Hanksville Telcom	435-748-2223
*Bear Lake Communications	435-427-3331	Manti Telephone	435-835-3391
Beehive Telephone Company	435-663-0111	Navajo (A Citizens Communications Co.)	1-800-871-5581
Carbon Emery Telcom	435-613-9605	Qwest Communications	1-800-244-1111
CentraCom Interactive Telephone	435-427-3331	*Skyline Telephone Co.	435-427-3331
Direct Communications-Cedar Valley	801-789-8120	South Central Communications	435-826-4211
Emery Telcom	435-748-2223	Uintah Basin Telephone Assoc. (UBTA) & (UBET)	435-646-5007
Frontier (A Citizens Communications Co.)	1-800-921-8101	Union Telephone	307-782-6131 1-800-646-2355
Gunnison Telephone Company	435-528-7236	*Part of CentraCom Interactive	
If your telephone company is not listed above (such as Comcast), ask what discount program they may have available for low income customers.			

### **YOUR RIGHTS**

You will be notified by mail when your application is processed.

If your application is denied, you have the right to a Fair Hearing.

You must send a written notice to the Division of Public Utilities at 160 East 300 South, 4<sup>th</sup> Floor; SLC, UT 84111 within 10 days of notification.